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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/518,989

07/21/2005

Margaret Han Dugan

ONE/4-32556A

7027

TITLE OF INVENTION: **COMBINATION COMPRISING OF A VASCULOSTATIC COMPOUND AND A ALKYLATING AGENT FOR THE TREATMENT OF A TUMOR**

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES DUE	DATE DUE
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nonprovisional

NO

\$1510

\$300

\$1810

10/26/2009

EXAMINER	ART UNIT	CLASS/SUBCLASS
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AULAKH, CHARANJIT

1625

514-248000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):

☐ Change of correspondence address (for Change of Correspondence Address form PTO/SB-122) attached.

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB-41; Rev. 03-02 or latest revision) attached. Use of a Customer Number is required.

2. For printing on the patent from page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

George R. Dohmann

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Novartis AG

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Basel, Switzerland

Assignment Recorded 08/05/09

Reel/Frame: 029056/0864

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies: 4

4b. Payment of Fee(s).

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number: 180134

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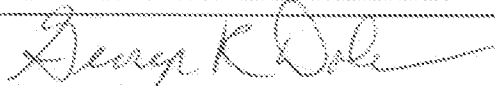
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

10/26/09

Typed or printed name

George R. Dohmann

Registration No.

33593

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